



DEPARTMENT OF PLANNING & BUILDING
BUILDING DIVISION
276 Fourth Avenue Chula Vista CA 91910
619-691-5272 619-585-5681 FAX

Request for Release of Information

FORM 4510

To: Brad Remp, Assistant Director
Planning and Building Department

Date: _____

From: (Name) Phone #: _____
(Address)

RE: _____

Pursuant to the provisions of Government Code ' 6250, et seq., [the California Public Records Act], I am requesting access to certain materials in the possession of the City of Chula Vista, Planning and Building Department, Code Enforcement Section. I am requesting:

_____ To view and read only
_____ Copies of the file.

The information that I ask to inspect is as follows: *(Requestor to fill in below)*

I understand that pursuant to Government Code ' 6253.5, ' 6254 and/or ' 6255 that some or all of the material I have requested above may be exempt from disclosure. ****Please note: the identity of any person(s) requesting our evaluation of your potential violation will not be released. The City's policy is not to release this information without a court order.***

I further understand that pursuant to Government Code ' 6256 that I am entitled to notification of your intent to comply with my request within ten (10) days of your receipt of this request. I further understand that if it is reasonably necessary to the proper processing of my request pursuant to Government Code ' 6256.1 that you are entitled to an extension of ten (10) additional days upon written notice to me, setting forth the reason for the extension and the date on which a determination is expected to be dispatched.

I also agree pursuant to Government Code ' 6257 to pay a fee covering the direct costs of answering my request. This amount is a charge proportionate to the time it took a City of Chula Vista employee to research and make available the information. If you wish a copy of the file, a per copy charge will also be required.

Signature of Requestor

Date

Signature of Person Receiving Request

Date

Signature of Person Preparing Records

\$ _____
Cost

Date